

REQUIREMENTS FOR ORIGINAL OPTOMETRY LICENSURE

- Applicants must have attained their 18th birthday.
- The academic requirements are at least six calendar years at the college level, four years of which shall have been completed in an accredited college of optometry or university school of optometry.
- All final transcripts from preprofessional and professional schools must become part of the application file. Transcripts will be considered valid only when received from schools with official seal thereon. A copy of your diploma must become a part of your file.
- Contact the NBEO office **800-969-3926**, directly for information on application and deadlines for the NBEO examinations. Maryland requires passage of Parts **I, II and III, for licensure**. The Maryland Board accepts the NBEO Passing score on these examinations.
- A recent **passport size** photograph must accompany the application.
- The application fee is \$300.00. Application fees are not refundable.
- A letter of recommendation from each person listed on the application.
- Verification of License. If you are now or ever been licensed in any state, verification must be completed by the licensure board in each state. This verification must come directly to the Board from the licensure board office. If you have need of additional verification forms, you may copy the blank form and send it directly to the other states.
- Maryland requires passage of an examination on the Maryland Optometry Law. This is an open book examination with a passing score of 75.

MARYLAND BOARD OF EXAMINERS IN OPTOMETRY
4201 Patterson Avenue
Baltimore, MD 21215-2299
(410) 764-4710 Fax (410) 358-2906

ORIGINAL LICENSURE APPLICATION

1. Name _____
Last First Middle
2. Address: _____
Street

City State Zip
Home number: _____ Mobile number _____
3. Email Address _____
4. Social Security # _____ **OE TRACKER #** _____
5. Birth Date: _____
6. Male _____ Female _____
7. Race/ Ethnic Identification – Please Check all that Apply

Are you of Hispanic or Latino origin? Yes _____ No _____
(Person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.)
Select one or more of the following racial categories:

_____ American Indian or Alaska Native (A person having origins in any of the original peoples of North or South America, including Central America, and who maintains tribal affiliations or community attachment.)

_____ Asian (A person having origin in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)

_____ Black or African American (A person having origins in any of the black racial groups of Africa.)

_____ Native Hawaiian or other Pacific Islander (A person having origins in the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)

_____ White (A person having origins in any of the original peoples of Europe, the Middle East or North Africa.)

Original Licensure Application

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8. Name and address of undergraduate college or colleges attended and total credits and degree, if obtained, in each:

9. Name of Optometry College attended _____

10. Date of graduation _____ Degree _____

11. Have you ever been refused examination by a State Board? Yes ____ No _____

12. Have you previously taken the Maryland Board Licensure Examination?
Yes ____ No ____ If yes, date taken _____

Pass _____ fail _____

13. Have you ever failed an examination before a Board or have you ever been refused a license? Yes ____ No ____ If yes, give details.

14. Has your license to practice in any state ever been revoked or suspended?
Yes ____ No ____ If yes, give details _____

15. I have been licensed to practice optometry in the following states:

16. If you have practiced, list locations and years of practice:

17. Have you every pled guilty, nolo contendere, or been convicted or, received probation before judgement of any criminal act (excluding traffic violations)?
If yes, please explain. _____

18. Are you addicted to the use of narcotics or intoxicants? _____

19. Maryland requires passage of the NBEO Examinations, Part I, Basic Science; Part II, Clinical Science; and Part III, Patient Care; for licensure. Please indicate the dates you have taken or plan to take these examinations:

<u>Examination</u>	<u>Dates</u>
Basic Science	_____
Clinical Science	_____
Patient Management Problems	_____
Clinical Skills	_____

An official copy of your scores on these examinations must be forwarded to the Board Office. Maryland accepts the NBEO minimum passing score on these examinations.

20. I enclose a recent passport size photograph of myself and the examination fee of Three Hundred Dollars (\$300).

21. As to character and reputation, I refer you to the following four named persons (non-relative) who have known me over two (2) years. A letter from each of these people must be sent directly to the Board Office.

Name: _____

Address: _____

Name: _____

Address: _____

Name: _____

Address: _____

Name: _____

Address: _____

Applicant's Signature

Date

AFFIDAVIT

STATE OF _____

COUNTY OF _____

Before the undersigned, a Notary Public for the County and State aforesaid,
on the _____ day of _____ personally appeared

_____ who being first duly sworn, says that
Applicant's name

he/she is the person referred to in, and who signed the foregoing application for licensure as an
Optometrist in the State of Maryland; that the facts and statements therein contained are true to
the best of his/her knowledge and belief.

Notary Public

My commission expires _____

SEAL

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VERIFICATION OF LICENSURE FORM

INSTRUCTIONS TO APPLICANT:

Please fill out **only the top portion** of this form and send it to the state board(s) in which you are now licensed or have ever been licensed (Note: Fee may be applicable).

Last Name _____ First Name _____ MI _____

Address _____ City _____ State _____ Zip Code _____

Social Security No _____ - _____ - _____ Date of Birth _____ - _____ - _____

I (print) _____ hereby authorize the (State)

_____ Board to release

information regarding my License No _____ as a (n) _____ (Professional)

directly to the Maryland State Board of Examiners in Optometry at the address on this letterhead.

Signature

FOR VERIFYING BOARD USE ONLY
VERIFICATION OF STATE LICENSURE

A. (State Board) _____

B. Licensee's Name as it appears on your records _____

C. License No and Initial Issue Date _____ / _____ / _____

D. License Expiration Date _____ / _____ / _____; If license has lapsed, Lapse Date: _____ / _____ / _____

E. **Licensure By** (Please check applicable item and supply information requested):

<input type="checkbox"/> NBEO Exam	Part I _____	Score _____
	Part II _____	Score _____
	Part III _____	Score _____
	TMOD _____	Score _____

☐ State Exam. Date of Exam: _____ / _____ / _____ Describe: _____

☐ Reciprocity or ☐ Endorsement. From which State or Jurisdiction? _____

☐ Other. Please explain. _____

F. Continuing Education

a. Is mandatory continuing education required for license renewal? ☐ YES ☐ NO

b. If yes, what is the number of hours required annually? _____

G. Licensure Status

a. What type of optometry license does this optometrists hold in your state

☐ BASIC ☐ DIAGNOSTIC ☐ THERAPEUTIC

b. Is this license current and in good standings? ☐ YES ☐ NO Please explain _____

H. Disciplinary Action

a. Has your state ever taken any disciplinary action against this licensee's license? ☐ YES ☐ NO

b. If yes, briefly explain the final action taken, the date executed, and **provide a copy** of the Settlement Agreement, Decision and Order, or Stipulation and Order in the matter.

_____/_____/_____

I. List Attachments for Item H _____

Signature: _____

Print Name: _____

Title: _____

State Board: _____

Address: _____

Phone No. (_____) _____ - _____

Date: ____/____/_____

State Seal